

## **STATEMENT OF CONGRESSMAN RICK BOUCHER**

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### **Health Care Reform Legislation**

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**March 21, 2010**

Health care reform is needed. More than 36 million American citizens do not have health insurance, and millions more are underinsured and cannot afford to pay for the medical care they need. Those who have health insurance are finding that health care costs and health insurance premiums are rapidly rising. In fact, health insurance premiums are increasing 3.5 times faster than the rate of increase in family incomes.

This status quo is unsustainable, and finding a way for everyone to afford health insurance is necessary to benefit both the uninsured and those who have insurance. It is also essential that health insurance reform control health care costs and prevent rapid increases in health insurance premiums. But reform legislation must also ensure that Southwest Virginia residents continue to have access to the high quality healthcare services that are now delivered locally.

After reading and carefully reviewing the legislation, I opposed passage of the health care reform considered by the House. My concern largely centers on the dramatic reductions in Medicare funding required by the legislation. Over the next 10 years, the bill requires that Medicare funding be reduced by \$450 billion. In fact, in April of this year, doctors in our region

and across the nation will have their Medicare payments reduced by 21 percent. Over the next several years, additional reductions in payments to doctors will occur. Because of these reductions, many doctors may decide to stop treating Medicare patients.

Other health care providers will also experience substantial reductions in their Medicare reimbursements. These Medicare cuts are fully accommodated by and expected to occur in order to achieve the \$450 billion Medicare payment reduction required by the reform legislation.

The population of the Ninth Congressional District is more elderly than in the typical congressional district. Most senior citizens in our region depend on Medicare to pay their medical bills. Therefore, these Medicare funding cuts will be far more harmful to the population of our region than to the population of the typical congressional district. These dramatic cuts in Medicare funding will adversely affect the quality of health care for senior citizens and other Medicare recipients.

Because Medicare is paying less, doctors, hospitals and other health care providers will increase charges to patients who have health insurance to make up for what they are not receiving from Medicare. This cost shifting of some substantial portion of the Medicare cuts will raise health insurance premiums for those who have insurance.

While it is important that a means be found to enable everyone, including those who are currently uninsured, to be able to afford health insurance, achieving that goal cannot occur at the expense of people who are currently insured. Having concluded that these dramatic Medicare cuts would both decrease the quality of health care that is delivered to our region's senior citizens and result in increases in health insurance premiums for the currently insured, I simply could not lend my support to passage of the bill.

I am also concerned about the unsavory deal making that occurred in the United States Senate when the health care bill was considered in December. Some states received special benefits at the expense of other states. While the measure that passed the House removes several of the special benefits, others remain and were not removed by the legislation. For example, the states of Louisiana, Tennessee, Connecticut and Montana have each received special benefits in the health care reform legislation not made available to other states. I simply cannot countenance this kind of deal making which goes well beyond the bounds of normal legislative negotiations.

In my view, the legislation does not do enough to eliminate the historical disparity in Medicare funding between urban areas and rural areas under which rural areas receive less than the urban regions of the country. There is no justification for Medicare paying less for medical procedures performed in our region than in the cities.

The bill also fails to achieve the tort reform which is necessary to control healthcare costs. Virginia's tort reform law, which was adopted when I was a member of the Virginia General Assembly, has worked well, and I have urged that it be a model for national application. Unfortunately, the reform bill fails to include this needed provision.

I deeply regret that the legislation does not have a bipartisan foundation. On a matter of this scope, affecting every American citizen, the best ideas of both political parties should be drawn upon in crafting balanced legislation that well serves the public interest. That did not happen as the reform bill was constructed.

Reform is needed, but the measure debated in the House falls short. Because of massive funding reductions for Medicare, it would adversely affect the quality of care received by Southwest Virginia senior citizens. It would result in health insurance premium increases for those who have insurance. It contains unacceptable special benefits for some states at the expense of the others. It does not correct the unwarranted disparities in Medicare reimbursements that penalize rural areas. It does not contain meaningful tort reform, and it lacks the necessary bipartisan foundation.

The reform legislation contains many helpful provisions; however, in my view its shortcomings outweigh its merits. I cast my vote accordingly.